

Program: **BHC** Standard: **HR.01.05.03** EP: **1**

Evaluation Method:

(This display is not editable)

Attendance at all Educational Programs will be monitored. A minimum of one program per month will be offered. A minimum of 90% of the staff will attend the program. Numerator= Total number of ACT employees with documented evidence of attendance. Denominator = Total number of ACT employees. Results will be monitored monthly. Results will be reported to the Hospital QI committee monthly and to the Board of Trustees. Monitoring will commence upon acceptance of the plan and be done for 4 consecutive months.

Close

Print

Program: BHC Standard: LD.04.01.07 EP: 2

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Director of the ACT Program is ultimately responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

At the time of survey the findings of the Joint Commission were reviewed with the Medical Director of the Behavioral Health Unit and with the Senior Vice President . Findings of the Joint Commission were reviewed with the staff on March 11, 2013. As of April 15 all vacant positions were filled. With the Department fully staffed, groups can be implemented.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Prior to the survey available positions had been posted. Active recruiting and interviewing were done. As of April 15th all positions on the ACT team were filled. (LPN-3/25; Substance Abuse Counselor-4/15) On March 20th a Wellness Group was implemented to take place every Wednesday. Four Wellness Groups a month will be offered. The Wellness Group will address vocational planning as appropriate. On March 21st a Substance Abuse Group, (MICA) was implemented. Eight Substance Abuse Groups will be offered monthly. A minimum of 10 groups per month will be held.

HOW: A description of how the policy or process was implemented.

The Director of the Program will monitor the program to ensure that a minimum of 10 groups per month are offered.

Close

Print

Program: **BHC** Standard: **LD.04.01.07** EP: **2**

Evaluation Method:

(This display is not editable)

All groups will be monitored. The numerator will represent the number of groups offered. The denominator will represent the minimum number of groups required. Results will be monitored monthly. Results will be reported to the Hospital QI committee monthly and to the Board of Trustees. Monitoring will commence upon acceptance of the plan and be done for 4 consecutive months

Close

Print

Program: **BHC** Standard: **RC.01.03.01** EP: **3**

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Program Director for Act will be responsible for the corrective action and overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

On March 11 a staff meeting was held to discuss the findings of the survey. The policy and procedures related to Documentation (Assessments and Reassments including Safety Assessment, Crises Intervention, psychosocial and Patient Rights)were reviewed

WHEN: A date of when each action, policy, procedure, and/or training was completed.

On March 11 a staff meeting was held to discuss the findings of the survey. The policy and procedures related to Documentation (Assessments and Reassments including Safety Assessment, Crises Intervention, psychosocial and Patient Rights)were reviewed

HOW: A description of how the policy or process was implemented.

The Program Director or his designee will review 30 records monthly for compliance.

Close

Print

Program: BHC Standard: RC.01.03.01 EP: 3

Evaluation Method:

(This display is not editable)

Based on a population of 60 ACT clients a random sample of 30 charts will be reviewed. A list of patients seen will be generated. Every third chart will be selected until 30 charts have been selected. the numerator will reflect the number of charts compliant to standard. The denominator equals the total number of charts reviewed. Monitoring will commence upon acceptance of this plan and continue for four consecutive months. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Close

Print

Program: HAP Standard: EC.02.06.01 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The AVP for QI will be responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Environmental Staff Supervisor met with his staff and reviewed their responsibilities for cleaning, 4/8/13. The policy on Temperature logs was reviewed with the staff 4/1/13. A new log was developed, in serviced and implemented on 4/1/13. A Cleaning schedule was developed, posted and implemented for the ice machine 4/1/13. The closets labeled "Oxygen Only", were structurally separated to include a labeled area for Full (green) and Empty (red)

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Environmental Staff Supervisor met with his staff and reviewed their responsibilities for cleaning, 4/8/13. The policy on Temperature logs was reviewed with the staff 4/1/13. A new log was developed, in serviced and implemented on 4/1/13. A Cleaning schedule was developed, posted and implemented for the ice machine 4/1/13. The closets labeled "Oxygen Only", were structurally separated to include a labeled area for Full (green) and Empty (red)

HOW: A description of how the policy or process was implemented.

Monthly environmental rounds specific to these issues will be conducted by the AVP for QI or her designee. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Close

Print

Program: HAP Standard: EC.02.06.01 EP: 1

Evaluation Method:

(This display is not editable)

Monthly monitoring of the environment will take place this will include: review of the refrigerator temperature logs, appropriate storage of oxygen, cleanliness of equipment (vital sign equip, medication carts, lift pads, med. room etc.) and adherence to the cleaning schedule for the ice machine. The numerator will include the total number of items that met the standard. The denominator will include the total number of items reviewed.

Close

Print

Program: **HAP** Standard: **HR.01.02.05** EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Director of Nursing is ultimately responsible for the corrective action and for overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The Hospital's responsibility to obtain a primary source verification of staff's license prior to expiration was reviewed with staff.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Staff review of requirement to obtain a primary source verification of staff's license prior to expiration was completed on May 1, 2013.

HOW: A description of how the policy or process was implemented.

Logs of staff's license renewal date and expiration date will be maintained and reviewed monthly. Prior to expiration date of license, primary source verification of renewal will be obtained. Staff will not be able to work without evidence of license verification.

Close

Print

Program: HAP Standard: LS.02.01.20 EP: 13

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements.
- Review for the need of additional "Exit" or "No Exit" Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly.
- Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Program: HAP Standard: LS.02.01.20 EP: 30

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements.
- Review for the need of additional "Exit" or "No Exit" Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly.
- Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Close

Print

Program: HAP Standard: LS.02.01.20 EP: 31

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13.
- A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13.
- The "No Exit" sign was installed during the survey on 3/7/13.
- The Exit signs in the OR were installed during the survey on 3/5/13.
- The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements.
- Review for the need of additional "Exit" or "No Exit" Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly.
- Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Close

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Program: HAP, Standard: MS.01.01.01 EP: 1 (3)

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The medical director/chief medical officer/senior vice president of medical affairs is responsible for the overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The medical staff bylaws will be amended to comply with this deficient E.P. As per the bylaws, the proposed revisions must be voted on at two successive medical board/medical executive committee meetings and then approved by a quorum of the medical staff at it's quarterly meeting.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

The deficiencies were presented at the 3/14/13 med exec meeting and the chair of the bylaws committee was given the necessary information to present to the entire bylaws committee for formal presentation to the medical board.

HOW: A description of how the policy or process was implemented.

The chairs of the respective clinical departments, or their designees, will monitor this E.P. and present the data in their quality care minutes. EP #16 will be amended and moved from the Rules and Regulations of the medical staff to the core text of the by-laws thus satisfying EP #3.

Close

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Program: HAP, Standard: MS.01.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The medical director, chief medical officer is ultimately responsible for compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The medical staff bylaws will be revised and amended to include the appropriate requirements pertaining to the completion and revision of a medical history and physical examination

WHEN: A date of when each action, policy, procedure, and/or training was completed.

The proposed changes were presented at the 3/14/13 and 4/11/13 medical executive committee meetings and will be presented to the entire medical staff at the 6/13/13 quarterly meeting of the medical staff.

HOW: A description of how the policy or process was implemented.

The chairs of the respective clinical departments will monitor the quality of the H and P in order to ensure compliance with this E.P. and also thus satisfying E.P. 3 and present their data to the medical QI/medical board

Close

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Program: HAP Standard: MS.06.01.03 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The medical director/chief medical officer/senior vice president of medical affairs is responsible for the overall and ongoing compliance of this deficient E.P.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.
The medical staff coordinator has been given additional training as to the necessary procedures which must be completed in order to comply with this E.P.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
The additional training and monitoring was started immediately after the completion of the recent JC survey on 3/11/13.

HOW: A description of how the policy or process was implemented.
The medical staff coordinator will complete a monthly review of the entire medical staff's licensing credentials, and if necessary, obtain primary source verification for any which are expiring. Quarterly, there will be a second audit performed to ensure compliance.

Close

Print

Program: **HAP** Standard: **MS.06.01.05** EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The president of the medical staff, who is also chair of the credential's committee, will assume ultimate responsibility for compliance of this E.P.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.
The credentials committee will redesign the peer review letter which will be required at the time of initial application to join the medical staff and the six core competencies will be monitored by the department chairs as part of their OPPE process. This concept was presented to the medical executive committee at the 3/14/13 meeting.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
The deficiency was presented to the medical executive committee on 3/14/13, immediately after the conclusion of the JC survey which was completed on 3/7/13.

HOW: A description of how the policy or process was implemented.
The credentials committee, along with the department chairs will be charged with monitoring the ongoing compliance of this E.P. at the initial appointment of the candidate.

Program: HAP Standard: RC.01.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The DON is ultimately responsible for the corrective action and for overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Hospital policy on Transfer of Patients Between Nursing Units was reviewed with staff with emphasis on the requirement for a hand off report in the form of a 'brief narrative note' written by both the sending and receiving nurse reflecting the patient's current status at time of transfer, where the patient was transferred from, where the patient was received, and how the patient was transported.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Hospital policy review with staff was completed on May 17, 2013

HOW: A description of how the policy or process was implemented.

Nursing Supervisory staff will monitor inpatient charts weekly. Results will be reported monthly to Hospital QI and quarterly to BOT.

Close

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Program: HAP Standard: RC.01.01.01 EP: 16

Evaluation Method:

(This display is not editable)

Numerator will be the number of charts having appropriate transfer notes in place. Denominator will be the number of charts reviewed. Random selection of Thirty charts will be monitored per month. Monitor will commence with the acceptance of the plan and be done for 4 consecutive months. Results will be reported monthly to hospital QI and quarterly to the Board of Trustees.

Program: HAP Standard: RC.01.04.01 EP: 3

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Sr. Vice President for Medical Affairs is ultimately responsible for the corrective action and overall and ongoing compliance with the Hospital standard which states that medical records must be completed within 30 days of discharge.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

A fulltime Health Information Management employee has been assigned to assist the Medical Staff with completion of their delinquent medical records. Individual letters and phone calls are being made daily to members of the Medical Staff. An announcement was made by the Sr. Vice President of Medical Affairs of the dedicated HIM resource at the Medical Board meeting

WHEN: A date of when each action, policy, procedure, and/or training was completed.

On April 16, 2013, a dedicated resource was assigned to the Health Information Management Department's Physician Incomplete Chart Unit. Daily and weekly reminders are mailed to members of the Medical Staff. Failure to complete medical records as per the criteria set forth in the medical staff by-laws will result in suspension of privileges as indicated in a letter from the Sr. VP for Medical Affairs.

HOW: A description of how the policy or process was implemented.

The Chairs of the respective departments will be given the charge of following up with their members who are delinquent in the completion of medical records

Close

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Program: HAP Standard: TS.03.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Director of Nursing is ultimately responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Tissue Safety Standards were reviewed with staff with emphasis on monitoring and documenting the daily temperature 24/7 in the area where tissue requiring storage at room temperature is kept. A new thermometer with a weekly grid for 24/7 monitoring was installed on 5/9/13. Staff in-service will be completed by 5/17.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Tissue Safety Standards review with staff was completed on April 4, 2013.

HOW: A description of how the policy or process was implemented.

The Operating Room Charge Nurse will monitor the tissue storage room for temperature recording on a 24/7 basis. On Monday mornings and on the first operational day after a Holiday, the charge nurse will assess the room temperatures which occurred when the OR was closed. During normal operational days, the room temperature will be monitored daily. Results will be reported monthly to Hospital QI and quarterly to BOT.

Close

Print

Program: HAP Standard: TS.03.01.01 EP: 16

Evaluation Method:

(This display is not editable)

Numerator will be the number of days in the month that the temperature was monitored and in compliance. Denominator will be the number of days in the month. Monitor will commence with the acceptance of the plan and be done for 4 consecutive months. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Close

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Schedule 4.14(d)
Licenses

SSMC

| <u>CERTIFICATION</u> | <u>LICENSE EXPIRATION</u> |
|--|--|
| DOH – Operating Certificate | None |
| HHS/FDA – Certified Mammography Facility | 4/15/2016 |
| The College of American Pathologists – Accredited Laboratory | [Accreditation states reinspection should occur prior to 4/18/2012 to maintain accreditation] |
| DOH – Clinical Laboratory Permit | 6/30/2013 |
| American Academy of Sleep Medicine - Accreditation | None |
| DOH – Certificate of Registration for Radiation Installation | 8/6/2013 |
| Board of Pharmacy – Registered Pharmacy | 1/31/2016 |
| License to engage in controlled substances | 3/31/2015 |
| DEA – Controlled Substance Registration | 2/29/2016 |

MVH

| <u>CERTIFICATION</u> | <u>LICENSE EXPIRATION</u> |
|--|----------------------------------|
| DOH Operating Certificate | None |
| OASAS Operating Certificate – Chemical Dependence | 4/30/2014 |
| OMH Operating Certificate – Outpatient Facilities Class | 5/31/2013 (renewable) |
| OMH Operating Certificate – Hospitals for the Mentally Ill Class | 5/31/2013 (renewable) |
| DOH – Certificate of Registration for | 8/6/2013 |

| | |
|--|---|
| Radiation Installation | |
| Council on Podiatric Medical Education -- Certificate of Approval | [States Effective throughout period of approval, but there is no period indicated] |
| DOH – Clinical Laboratory Permit | 6/30/2013 |
| DOH – Authorization for Patient Service Center | 6/30/2013 |
| DOH – Limited Service Laboratory Registration | 6/3/2014 |

SECC

| | |
|-----------------------------|----------------------------------|
| <u>CERTIFICATION</u> | <u>LICENSE EXPIRATION</u> |
| DOH Operating Certificate | None |

Schedule 4.14(f)
Compliance Audits

See Attached



Memo

To: Sound Shore Health System, FY2011 Audit Team

From: Kate Barnhart, Health Industries Advisory

Date: February 2, 2012

Subject: Sound Shore Health System Compliance Inquiry

In order to address the auditing requirements promulgated in Statement on Auditing Standards ("SAS") no. 99, PricewaterhouseCoopers performed a high level assessment of Sound Shore Health System's ("SHSH") existing compliance structure and compliance program operations.

On February 1, 2012, PwC conducted a site visit interview with Kathleen McKay, Corporate Compliance Officer ("CCO"), John Mamangakis, Senior Vice President, Operations / HIPAA Privacy and Security Officer, and Rhonda Ruiz, Assistant Vice President, Operations / ICD-10 implementation lead. The purpose of the visit was to obtain a high level understanding of the compliance program structure, key compliance activities that occurred during fiscal year 2011, and whether there are any pending compliance issues which may impact the audit.

Sound Shore Health System is a multi-campus health care system consisting of Sound Shore Medical Center of Westchester (a 252-bed, community-based teaching facility), The Mount Vernon Hospital (a 196-bed community-based teaching facility) the Schaeffer Extended Care Center and the Hopfer School of Nursing. Approximately 2,500 individuals are under the scope of the compliance program.

The CCO submitted the final report for The Mount Vernon Hospital Corporate Integrity Agreement ("CIA") in November 2010. At the conclusion of the one year follow up period, the CIA was fully discharged in November 2011.

SSHS reports a Medicaid Fraud Control Unit pharmacy pricing methodology audit was initiated during February 2011 at both Sound Shore and Mount Vernon hospitals. At time of interview, the final settlement was in process. SSHS reported that at the Mount Vernon site, for provider #00274117, total of overbilling plus interest of \$33,536.21 and for provider #03000222 total of overbilling plus interest of \$11,493.49. The Mount Vernon total for both provider numbers with damages is \$82,522.11. At Sound Shore for provider #00274126 total of overbilling plus interest is \$1,248,512.74. At time of interview, total with damages had not been formally computed. PwC Audit confirmed Medicaid repayment and reserve details have been communicated to the audit team.

SSHS reports a Medicare Secondary Payer Questionnaire ("MSPQ") site visit documentation audit occurred during 2011. SSHS received the Audit Report July 2011. Corrective action plan was implemented with no further action required on our part. Monitoring activities for MSPQ compliance continues.



Status of Prior Year Recommendations:

PwC last conducted a telephone inquiry of SSHS's compliance program on May 20, 2010 at which time a recommendation was made that routine self-monitoring and auditing activities conducted by various departments throughout the system be reported to the Compliance Committee to ensure robust communication regarding compliance concerns and the continuity of monitoring and auditing efforts, including corrective action plans. While Corporate Compliance Committee minutes for 2011 appear to show departmental representation at meetings, reporting of departmental self-monitoring activities appears to be inconsistent. PwC reiterates its recommendation that self-monitoring and auditing activities conducted at the department level be reported to the Corporate Compliance Committee and that departmental monitoring and auditing activities be coordinated with the annual Compliance work plan.

Compliance Program Activities:

Overall, SSHS appears to have maintained an active compliance program during the past year. Baseline controls appear to be in place to address the key components of an effective compliance program as defined by the Office of Inspector General¹ and compliance activities are reported periodically to the Board Finance Committee and the Boards of Trustees at Sound Shore and Mount Vernon Hospitals.

Specific indications that SSHS's compliance program is operational include, but are not limited to, the following:

- The CCO reports using the MediRegs Survey Manager on-line module for the annual Conflict of Interest statement process with 100% of management staff and 60% of Board members completing the questionnaire on-line. Remaining 40% of Board members completed hard copy statements.
- SSHS updated its Code of Conduct in January 2011. Upon the discharge of the Mount Vernon CIA in November 2010, SSHS replaced stand alone Sound Shore and Mount Vernon compliance policies and procedures with a system wide compliance program and system wide compliance policies and procedures. Compliance Program information, policies and procedures are posted on the SSHS intranet for employee access.
- SSHS reports using a vendor, Sterling Info systems, Inc. to conduct criminal background checks, drug screens, federal program and NYS Medicaid exclusion checks on new employees prior to the start of employment. Medical Staff Office conducts federal program exclusion checks during credentialing for new physicians. The CCO reports the SSHS Information Technology department created a database system of federal program and NYS Medicaid exclusion checks enabling Compliance to conduct monthly checks for existing employees, physicians, volunteers and students.

¹ OIG Supplemental Compliance Program Guidance for Hospitals; Federal Register, vol. 70, No. 19, III.A, January 31, 2005



- Purchasing conducts federal program exclusion checks for new vendors. SSHS has contracted with VeriRep to conduct ongoing vendor credentialing and will be implementing VeriRep vendor access management effective March 1, 2012.
- SSHS performed an evaluation of the effectiveness of its Compliance Program using the self-assessment tool distributed by the NYS Office of Medicaid Inspector General ("OMIG"). As a provider of services to Medicaid recipients, SSHS completes OMIG's annual Compliance Program Certification. The certification is signed by the Chief Executive Officer.
- The operational Compliance Committee met eight times during 2011. Departments participating on the Committee include; Operations, Nursing, Information Technology, Long Term Care, Finance, Revenue Cycle, Legal, Quality, Human Resources and staff Physicians.
- The CCO provided quarterly compliance program activity reports to the Board Finance Committee. Annual Board Compliance education was provided by General Counsel.
- The CCO reports receiving three calls on Compliance Hotline. Upon investigation, all three calls involved human resource issues. The CCO maintains an "Issues Reported to Compliance Log" and received nine questions/concerns during 2011.
- The CCO reports SSHS has retained a consultant to conduct a Compliance Program Effectiveness Review during the 2nd Quarter of 2012.

Monitoring and Auditing activities:

The CCO reports SSHS purchased the MediRegs suite of CompliTrack modules. Ten departments were assigned to complete the Risk Assessment Module; Schaffer Extended Care Center, Admissions, Dietary, Emergency Room General, Emergency Room Conditions of Participation, Finance, Medical Records, Pharmacy, Quality Assurance and Operating Room. As of the November 15, 2011 Compliance Committee meeting, six of the assessments had been completed: Emergency Room General, Emergency Room Conditions of Participation, Operating Room, Quality Assurance, Schaffer Extended Care Center and Dietary.

The SSHS Corporate Compliance Committee 2011 Work Plan Monitoring and Auditing section listed "Reports on Quality, Investigations, active monitoring and corrective action plans" with Committee members responsible for reporting departmental self-monitoring activities and third party audit requests. As noted above under "Status of Prior Year Recommendations," while Committee minutes for 2011 appear to show departmental representation at meetings, reporting of departmental self-monitoring activities appears to be inconsistent.

RAC activities:

The Assistant Vice President, Operations reports using the Greater New York Hospital Association RAC Tracking Tool to track SSHS's RAC requests. The Assistant Vice President reports RAC issues are shared with the Medical Management and Revenue Cycle Committees and reported to the Compliance Committee on a quarterly basis. Reviews of RAC findings are conducted by the Director of the Clinical Documentation Program and the HIM Coding Supervisor. SSHS had engaged an outside vendor to appeal RAC denials.

At time of interview, 532 requests had been received with only 6 for services at Mount Vernon. Requests initially were for DRG validation, currently requests are for medical necessity and short stays. SSHS reports RAC recoveries of \$621,290.04 with a number of cases in the appeals process.

HIPAA HITECH Activities:



SSHS maintains a HIPAA Hot Line and reports logging and investigating eight issues during 2011. SSHS reports four HIPAA incidents occurred during 2011. One incident involved improper use of Protected Health Information ("PHI") which upon investigation was determined to be a policy violation only and the individual involved received counseling and disciplinary action. A second incident involved a medical record inadvertently faxed to a wrong fax number. The recipient, a law office, notified SSHS and destroyed the medical record. The employee was counseled and disciplinary action was taken. A third incident involved a coder who violated policy by taking 23 charts home to code. The charts were returned and the coder terminated. A fourth incident involved an employee who removed a nursing supervisor's patient status notebook, copied pages containing information about a family member, slid the copies under the Nursing Administration door and then reported an alleged HIPAA breach. Security tape showed it was the employee sliding copies under the door. Human Resources and General Counsel were involved and the employee was suspended.

The HIPAA Privacy and Security Officer reports conducting weekly safety rounds that include a HIPAA component. Two checklists are used during the rounds, one for visual inspection and one for random interviews (staff, nurses, physicians, volunteers or students). HIPAA is part of new employee and annual employee mandatory training.

SSHS reports its HIPAA Task Force modified and updated Business Associates Agreements during the second half of 2011. The HIPAA Privacy and Security Officer reports Task Force meetings are scheduled in February to identify which types of vendors will be included in the March 1, 2012 VeriRep vendor credentialing and access management implementation. The CCO is a Task Force member.

With the installation of the AllScripts Electronic Medical Record ("EMR") system in October 2011, SSHS designated an Information Technology ("IT") Security Officer who reports to the Chief Information Officer. The IT Security Officer's responsibilities include issuing EMR access following a role based hierarchy of access rights. SSHS reports the HIPAA Task Force is in the process of evaluating access audit trail software for EMR system access.

ICD-10 Implementation Activities:

SSHS is in the process of selecting a vendor to conduct an ICD-10 gap analysis. The Assistant Vice President of Operations expects the gap analysis will provide guidance on ICD-10 education and training as well as implementation. SSHS is also researching ICD-10 training opportunities through the 1199 Union.

Recommendations:

In order to enhance the effectiveness of ongoing compliance efforts and to mitigate potential risk, PwC recommends the following:

Monitoring and Auditing Activities: As noted above under Status of Prior Year Recommendations, PwC reiterates its recommendation that self-monitoring and auditing activities conducted at the department level be reported to the Corporate Compliance Committee. PwC also recommends departmental monitoring and auditing activities are coordinated with the annual Compliance work plan to ensure areas identified by the Office of Inspector General's Annual Work Plan are being addressed.

HIPAA Security Risk Assessment: With the implementation of the HITECH Act, a HIPAA Security Risk Analysis (§164.308(a) (1)(ii)(A)) is required by law to be performed by every



Covered Entity and Business Associate. The Center for Medicare and Medicaid ("CMS") has contracted with KPMG to conduct 150+ hospital audits for compliance with the HIPAA privacy and security regulation. Given the government's commitment to resources and funding to conduct these audits, PwC recommends SSHS conduct a HIPAA Security Risk Analysis. PwC also recommends SSHS validates its BA's have conducted their own HIPAA Security Risk Analysis, especially critical should SSHS choose to off-shore medical records coding services and recommends SSHS put a formal plan in place to ensure completion.

ICD-10: PwC recommends the Board be provided with an educational presentation on the impact of ICD-10 and what implementation project entails and subsequently be provided with periodic implementation project status updates.

Given the rapidly changing health care environment and the impact on compliance issues, PwC recommends SSHS continue to monitor regulatory web sites and other industry sources for operational details as new statutory and regulatory requirements are enacted.

Should you have any questions about this information, please feel free to contact Kate Barnhart at (518) 424-2891.

Documents Viewed:

- Compliance Program 2011 Work Plan
- Corporate Compliance Committee Minutes, April, 2011, February 2011, January 2011, July 2011, June 2011, March 2011, May 2011, September 2011, November 2011
- HIPAA Task Force Minutes, March 23, 2011, April 21, 2011, June 17, 2011, August 29, 2011, October 6, 2011, December 15, 2011
- Compliance Report to Sound Shore Medical Center December 2011 Board Meeting
- Compliance Report to Mount Vernon Hospital December 2011 Board Meeting
- Compliance Program Policies and Procedures
 - Arrangement Review Process
 - Arrangements Tracking & Monitoring Procedures
 - Auditing & Monitoring High-Risk Areas
 - Code of Conduct
 - Compliance Hotline
 - Compliance Issue Resolution
 - Compliance Training
 - Compliance with Stark & Anti-Kickback Statutes
 - Confidentiality
 - Conflict of Interest
 - Deficit Reduction Act
 - Equal Opportunity, anti- Discrimination & Sexual Harassment
 - Fair Market Valuations
 - General Statement on Agreements with Referral Sources; Approval Process
 - Investigation
 - Non-Retaliation
 - Physician Employment
 - Professional Services Agreements
 - Red Flag / Identity Theft Prevention Program
 - Response to Government Officials Policy
 - Sanction Screening
 - Search Warrant Policy

Schedule 4.14(i)
Billings

See Schedule 4.14(a)(vi)

Schedule 4.14(j)
Audits

| SOURCE OF AUDIT | AUDIT DATE | PROVIDER NAME | AUDITED PAYMENTS | COMMENTS |
|--|-------------------|----------------------|-------------------------|---|
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 5/20/2012 | SSMC | \$5,777.04 | Third party payments received or in process |
| NGS-MEDICARE PRE- PAYMENT REVIEW OF PSY SERVICES | 5/31/2012 | MVH | \$7,290.00 | Documentation is missing or incomplete |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 6/8/2012 | SSMC | \$54,270.38 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 6/13/2012 | SSMC | \$1,123.76 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 6/13/2012 | SSMC | \$645.01 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 7/13/2012 | MVH | \$1,414.66 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 7/16/2012 | SSMC | \$14,153.36 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 7/16/2012 | MVH | \$393.29 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 7/20/2012 | MVH | \$9,476.25 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 7/20/2012 | SSMC | \$529.94 | Third party payments received or in process |
| OMIG / HMS DETOX GME RECOVERY | 7/23/2012 | SSMC | \$113,704.00 | Recoupment in process from weekly Medicaid check. |
| OMIG -LEVEL 1 COPS | 8/14/2012 | SSMC | N/A | No overpayment |

| | | | | |
|--|------------|------|--------------|---|
| RECOVERIES / OMH | | | | found |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 8/20/2012 | SSMC | \$14,676.36 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 9/10/2012 | SSMC | \$14,895.24 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 9/10/2012 | MVH | \$9,258.39 | Third party payments received or in process |
| OMH - CRIMINAL BACKGROUND CHECK | 9/18/2012 | MVH | \$0 | Review completed 06/06/2012. Correction plan accepted. |
| OMIG - OMH LIC. OP PHYSICIAN SERVICES BILLED SEPARATELY | 9/26/2012 | SSMC | \$3,700.00 | Physician services included in global rate |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 10/11/2012 | MVH | \$2,715.89 | Third party payments received or in process |
| OMIG - ANCILLARY SERVICES BILLED SEPARATELY FROM CLINIC VISIT | 10/16/2012 | SSMC | \$4,586.82 | Final report issued March 7th, 2013. Recoupment pending. |
| OMIG - ANCILLARY SERVICES BILLED SEPARATELY FROM CLINIC VISIT | 10/16/2013 | SSMC | \$7,180.57 | Final report issued March 7th, 2013. Recoupment pending. |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 10/30/2012 | SSMC | \$219,470.95 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 10/30/2012 | MVH | \$44,312.14 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 11/28/2012 | MVH | \$283.56 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY | 12/18/2012 | SSMC | \$28,661.69 | Third party payments received or in process |

| | | | | |
|--|------------|------|-------------|--|
| AUDIT | | | | |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 12/18/2012 | SSMC | \$45,698.64 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 12/18/2012 | SSMC | \$1,463.50 | Third party payments received or in process |
| OMIG NEWBORN AUDIT | 2/7/2013 | SSMC | \$30,811.27 | Newborns billed as Medicaid FFS instead of MCD HMO Plan - final report pending. |
| NGS-MEDICARE PREPAYMENT REVIEW OF PSY SERVICES | 2/8/2013 | MVH | \$7,830.00 | Documentation is missing or incomplete |
| NGS-MEDICARE PRE- PAYMENT REVIEW OF WOUND CARE SERVICES | 2/13/2013 | MVH | \$2,721.00 | Documentation is missing or incomplete |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 2/27/2013 | MVH | \$34,691.71 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 3/16/2013 | MVH | \$6,213.35 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 3/19/2013 | MVH | \$8,211.78 | Third party payments received or in process |
| OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT | 4/1/2013 | MVH | \$13,315.24 | Third party payments received or in process |

Schedule 4.14(k)
Reduction in Medicare Reimbursements

Schedule 4.14(l)(i)
Overpayments or Refunds to Payment Programs

| <u>Year</u> | <u>Sum of Original Payment</u> | <u>Outcome</u> | <u>Entity</u> |
|--------------------|---------------------------------------|---------------------------|----------------------|
| 2011 | \$6,538.02 | Overpayment identified | MVH |
| 2011 | \$117,564.48 | No issue identified | SSMC |
| 2011 | \$353,859.67 | Pending | SSMC |
| 2012 | \$43,061.83 | Pending | SSMC |

Schedule 4.14(l)(ii)
Notice of Overpayments or Refunds

None

Schedule 4.15(a)
Employee Schedule

Schedule 4.15(b)
Reemployment Rights

Schedule 4.15(c)
Foreign National Employees

See Attached

4.15(c)
FOREIGN NATIONAL EMPLOYEES

| Last Name | First Name | SSHS Entity | Position | Visa/ Work Permit | Expiration Date | Applicable Bargaining Unit | Comments |
|-----------------|--------------------|-------------|------------------------|----------------------|--------------------|-------------------------------|-----------------------------------|
| Beerreddy | Ranadhir Reddy | MVH | Resident | J1 | 6/30/2013 | N/A | |
| Mansa | Khadija Ahmad | MVH | Resident | H1 B | 6/30/2013 | N/A | |
| Jogu | Prasad | MVH | Resident | H1 B | 6/30/2013 | N/A | |
| Guo | Songchuan | MVH | Resident | H1 B | 6/30/2013 | N/A | |
| Nimmakayala | Kameswara Rao | MVH | Resident | H1 B | 6/30/2014 | N/A | |
| Karnam | Padmanaidu | MVH | Resident | H1 B | 6/30/2014 | N/A | |
| Vudathaneni | Vijaya Krishna | MVH | Resident | H1 B | 6/30/2014 | N/A | |
| Katamreddy | Sasikumar | MVH | Resident | H1 B | 6/30/2014 | N/A | |
| Lal | Aditya | MVH | Resident | H1 B | 6/30/2015 | N/A | |
| Veluswamy | Anuradha Shunmugam | MVH | Resident | H1 B | 6/30/2015 | N/A | |
| Banini | Bubu | SSMC | Chief Medical Resident | H1 B | 3/7/2015 | N/A | |
| DeJesus | Diana | SSMC | Chief Medical Resident | Green Card | | N/A | |
| Aggarwal | Richa | SSMC | Resident | H1 B | 6/30/2013 | N/A | |
| Chua | Ruthie May | SSMC | Resident | J1 | 6/30/2013 | N/A | |
| Ferguson | Alexis C. | SSMC | Resident | H1 B | 6/30/2013 | N/A | |
| Lansen | Marie Louies | SSMC | Resident | H1 B | 6/30/2013 | N/A | renewal with USCIS |
| Morey | Rishikesh | SSMC | Resident | H1 B | 6/30/2013 | N/A | |
| Onwochei | Mitchell | SSMC | Resident | Green Card | 2/3/2013 | N/A | extension paperwork to HR on 5/28 |
| Pandey | Sanjay | SSMC | Resident | J1 | 6/30/2013 | N/A | |
| Premji | Resmi | SSMC | Resident | J1 | 6/30/2013 | N/A | |
| Sihota | Aanu | SSMC | Resident | H1 B | 6/30/2013 | N/A | renewal with USCIS |
| Tesado | Grettel | SSMC | Resident | H1 B | 6/30/2013 | N/A | |
| Thind | Sharanjeet | SSMC | Resident | J1 | 6/30/2013 | N/A | |
| Luna | Ronald | SSMC | Resident | J1 | 6/30/2014 | N/A | |
| Naarayan | Ashutosh | SSMC | Resident | H1 B | 6/30/2015 | N/A | |
| Chhetri | Mamta | SSMC | Resident | H1 B | 6/30/2014 | N/A | |
| Violango | Michael | SSMC | Resident | H1 B | 6/30/2014 | N/A | |
| Mehta | Shikha | SSMC | Fellow | H1 B | 6/30/2013 | N/A | |
| Seng | Leap | SSMC | RN | H1 B | 3/1/2015 | NYSNA | resigned, last day 6/7/13 |
| Singh | Neha | MVH | PT | H1 B | 6/14/2013 | 1199 | |
| INCOMING | | | | | | | |
| Ponnam | Harikrishna C. | MVH | Resident | H1 B | 6/30/2016 | N/A | |
| Kakarlapudi | Hari H. | MVH | Resident | H1 B | 6/30/2016 | N/A | |
| Kancharla | Rama K. | MVH | Resident | H1 B | 6/30/2016 | N/A | |
| Wasti | Pranav | SSMC | Resident | H1 B | 6/30/2015 | N/A | |
| Abhuri | Amulya | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Akinboro | Oladimeji | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Bista | Prakriti | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Ijaiya | Thaofiq | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Calderon | Wilman Olmedo | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Seidenschwarz | Norbert Alex | SSMC | Resident | H1 B | 6/30/2016 | N/A | |
| Shafi | Sumaira | SSMC | Resident | H1 B | 6/30/2016 | N/A | |

Schedule 4.15(d)
Labor Disputes

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|--|--|--|-------------------------|
| (A) Collective bargaining disputes-arbitrations | | | |
| 2013-NONE | | | |
| 2012 | | | |
| 1330000937-12 | 1199 SEIU, United Healthcare Workers East and SSMC (kiosk lady) | Improperly subcontracting bargaining work in violation of cba (kiosk lady) | AAA-LABOR, New York, NY |
| 1330002013-12 | 1199 SEIU, United Healthcare Workers East and SSMC (10 and 20 year rate increases) | failing to pay longevity pay increases retroactive to the date they were contractually required to be paid | AAA-LABOR, New York, NY |
| 1330000401-12 | 1199 SEIU, United Healthcare Workers East and TMVH (Special Procedure Tech rate of pay) | Improper modification of the Special Procedure Tech Title in violation of cba | AAA-LABOR, New York, NY |
| 1330000402-12 | 1199 SEIU, United Healthcare Workers East and TMVH (Anissa Kirkland termination) | Improper termination of employee for violating workplace violence policy | AAA-LABOR, New York, NY |

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|---------------|--|---|-------------------------|
| 1330002737-12 | 1199 SEIU, United Healthcare Workers East and TMVH (layoff provisions) | Improperly refusing to group employees for layoff purposes and refusing to allow employees to bump less-senior employees in lieu of layoff; failing to properly recall employees; and, improperly reducing Victoria Rivers' rate of pay--hearing date and arbitrators selection pending | AAA-LABOR, New York, NY |
| 1330000618-12 | 1199 SEIU, United Healthcare Workers East and TMVH (improperly paying Dana Blake) | Paying improper wage rate | AAA-LABOR, New York, NY |
| 1330001332-12 | 1199 SEIU, United Healthcare Workers East and SSMC | Improperly splitting full-time positions into part time positions | AAA-LABOR, New York, NY |
| 2011 | | | |
| 1330001997-11 | 1199 SEIU, United Healthcare Workers East and SSMC (splitting full time positions into part time) | Improperly eliminating the 13 hour shift of maternity techs and improperly posting for 3 part-time maternity tech positions | AAA-LABOR, New York, NY |
| 1330000171-11 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Christopher Okang) | Improper termination of employee for taking an unauthorized leave | AAA-LABOR, New York, NY |
| 1330001931-11 | 1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Dale Austin) | Improper 10 week suspension of employee for violating patient privacy rights | AAA-LABOR, New York, NY |

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|---------------|--|---|-------------------------|
| 1330001932-11 | 1199 SEIU, United Healthcare Workers East and SSMC (Suspension of John Brito) | Improper suspension of employee for abandoning his post | AAA-LABOR, New York, NY |
| 133000258-11 | 1199 SEIU, United Healthcare Workers East and SSMC (Suspension of James Brown) | Improper suspension of employee | AAA-LABOR, New York, NY |
| 133002696-11 | 1199 SEIU, United Healthcare Workers East and SSMC (failure to pay preceptor pay to dieticians) | failure to pay preceptor pay to dieticians | AAA-LABOR, New York, NY |
| 133000358-11 | 1199 SEIU, United Healthcare Workers East and SSMC (termination of Sophia Samuels) | improper termination of employee for failing to meet nursing home patient needs | AAA-LABOR, New York, NY |
| 133001360-11 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Luis Santiago) | Improper termination of employee for abandoning his shift | AAA-LABOR, New York, NY |
| 2010 | | | |
| 1330002069-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Melencio Cancio) | Improper suspension for sleeping while on duty | AAA-LABOR, New York, NY |
| 1330001663-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Kevin Middleton) | Improper termination for violating workplace violence policies | AAA-LABOR, New York, NY |
| 133001485-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Tyson, Chestang, Smith) | Improper suspension for violating workplace violence rules | AAA-LABOR, New York, NY |
| 1330002700-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Irenes Andrades) | Improper termination of employee performing second employer's work while on SSMC time | AAA-LABOR, New York, NY |
| 13302699-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Teta Gaye Stitcheon) | Improper termination of employee for violating patient care rights | AAA-LABOR, New York, NY |

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|--------------|--|---|-------------------------|
| 13302752-10 | 1199 SEIU, United Healthcare Workers East and SSMC (Termination of Patrick Lawrence Smith) | Improper termination of employee for violating time validation policies | AAA-LABOR, New York, NY |
| 13302866-10 | New York State Nurses Assoc. and TMVH (Mariza Pascarelli) | Two day suspension of nurse for violating hospital policy | AAA-LABOR, New York, NY |

| NLRB CLAIMS | | | |
|------------------------|--|---|----------------------|
| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
| 02-CA-097315 (2013) | 1199 SEIU United Health Care Workers v. SSMC and TMVH | SSMC and TMVH failing to bargain re health care insurance and other benefits by dealing directly with the employees | NLRB New York, NY |
| 02-CA-088831 (2012) | 1199 SEIU United Health Care Workers v. SSMC | Failure to execute a cba | NLRB New York, NY |
| 02-CA-067483 (2011) | 1199 SEIU United Health Care Workers v. SSMC | failure to arbitrate | NLRB New York, NY |

Schedule 4.15(f)
Collective Bargaining Agreements

| Entity | Collective Bargaining Agreements |
|---------------|--|
| SSMC | 1199 SEIU, United Healthcare Workers, East New York State Nurses Association Teamsters Local 445 |
| MVH | 1199 SEIU, United Healthcare Workers, East New York State Nurses Association |

Schedule 4.15(g)
Claims Before NLRB or Similar Agency

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|---------------------|--|---|----------------------|
| 02-CA-097315 | 1199 SEIU United Health Care Workers v. SSMC and TMVH | SSMC and TMVH failing to bargain re health care insurance and other benefits by dealing directly with the employees | NLRB New York, NY |

Schedule 4.15(h)
Violation of Applicable Laws related to Employees

| CLAIM NUMBER | CAPTION | NATURE OF THE PROCEEDING | VENUE |
|-------------------------|---|-------------------------------------|---------------------------|
| 10158973 | Maccarling Blanchard v. SSMC | Claim of discrimination | NYSDHR WESTCHESTER, NY |
| 10158460 | Djoka Nikac v. SSMC ¹ | Claim of discrimination | NYSDHR WESTCHESTER, NY |

Schedule 4.15(i)
Occupational or Safety Violations

None

Schedule 4.15(j)
Rights in Property by Board, etc

Services Corporation has entered into a lease agreement dated 8/31/1996, as modified, with 233rd Street Realty Corp. 233rd Street Realty Corp is owned by Richard Naclerio.

Schedule 4.17
Information Systems

See attached



| | |
|------------------------------|-------|
| 100 MB Ethernet ISP Circuit | _____ |
| 1.44 MB T1 Circuit for BGP | _____ |
| Internet Routing Redundancy | _____ |
| Single 100 MB Ethernet Link | _____ |
| Single Gigabit Ethernet Link | _____ |

| <u>No.</u> | <u>Server Hostname</u> | <u>Physical/ Virtual</u> | <u>Function</u> | <u>Application</u> | <u>Software Owned/Leased</u> |
|------------------------|----------------------------|------------------------------|---|---|----------------------------------|
| Sound Shore Servers | | | | | |
| 1 | SMNISS1 | P | Domain Controller | Microsoft Active Directory | O |
| 2 | SMNISS2 | P | Domain Controller | Microsoft Active Directory | O |
| 3 | SMNISS3 | P | DHCP Server | Microsoft DHCP | O |
| 4 | SMNISS4 | P | Exchange Server | Microsoft Exchange 2003 | O |
| 5 | SMNISS5 | P | Exchange Server | Microsoft Exchange 2003 | O |
| 6 | SMNISSA | P | Exchange Cluster (SMNISS4 & 5) | Microsoft Exchange 2003 | O |
| 7 | SMNISS6 | P | Backup Server | Symantec Backup Exec 11d | O |
| 8 | SMNISS7 | P | Anti-Virus | Kaspersky Security Center 9 | Active License |
| 9 | SMNISS8 | P | Tacacs (Cisco Authentication Manager) | Tacacs | O |
| 10 | SMNISS9 | P | TeamViewer Database | TeamViewer Manager | O |
| 11 | SMNISS11 | P | Mediware (lab software) | Mediware | ? |
| 12 | SMNISS12 | P | Finance File Server | Microsoft File Server | O |
| | SMNISS13 | P | Foundation's Raiser's Edge | Raiser's Edge | ? |
| | SMNISS14 | P | MUSE EKG Application | MUSE | O |
| | SMNISS16 | P | Hyper-V host server | Microsoft Hyper-V | O |
| | SMNISS16A | V | Virtual Server - Blackbaud Web Server (on DMZ) | Blackbaud | ? |
| | SMNISS16B | V | Virtual Server - ECP's Reliable Charts | Reliable Charts | ? |
| | SMNISS20 | P | Hyper-V host server; Backup server | Microsoft Hyper-V and Symantec Backup Exec 2010 | O |
| | SMNISS20A | V | Virtual Server - Print server, file distribution server | Microsoft Server | O |
| | SMNISS20B | V | Virtual Server - Spiceworks Test Server | Spiceworks | opensource |
| | SMNISS21 | P | SQL Database Server | Microsoft SQL 2008 | O |
| | SMNISS22 | P | Great Plains Server (currently not being used) | Great Plains | ? |

| | | | | |
|-------------|---|---|------------------------------------|----------------|
| SSVHOSTPRD1 | | Hyper-V Cluster (SMMISS23 & 25) | Microsoft Failover Cluster Manager | |
| SMMISS23 | P | Hyper-V host server | Microsoft Hyper-V | O |
| SMMISS23A | V | Virtual Server - Allscripts Downtime Server | | |
| SMMISS23B | V | SoundApp Server | | |
| SMMISS23C | V | Copy Machine Data Collection | | |
| SMMISS23D | V | Software, HayBed | | |
| SMMISS23E | V | Password Reset Tool | ManageEngine ADSelfService Plus | Active license |
| SMMISS23F | V | Nimsoft | CA Nimsoft | Active license |
| SMMISS23G | V | QS/1 | | |
| SMMISS24 | P | WSUS | Microsoft WSUS | O |
| SMMISS25 | P | Spare attached to SAN | | O |
| SMMINTS1 | P | Hyper-V Server - Production (clustered with SMMISS23) | | |
| SMMISSBEZ | P | WebSense (SSMC) | | O |
| smEdimApp01 | P | BES Server | | Active license |
| smEdimDB02 | P | SSMC EDIM Application Server | | Active license |
| sm3msrv1 | P | SSMC EDIM Database Server | | ? |
| smUDSrv1 | P | 3m Server | | ? |
| ALLSCRIPTSF | P | UDS Server | | ? |
| AX1 | P | AllScripts Fax Server (Lab) | | ? |
| ALLSCRIPTSF | P | AllScripts Fax Server (not in use) | | ? |
| AX2 | P | AllScripts Fax Server (Radiology) | | ? |
| AX3 | P | Intranet Server | | O |
| SOUNDNET | | | | |

| Mt. Vernon Servers | | | |
|-----------------------|---|---|---|
| MVMISS1 | P | Domain Controller | O |
| MVMISS3 | P | DHCP Server | O |
| MVMISS6 | P | Backup Server | O |
| | | Core Server Hosting Virtual Machines: 7A, HIVSERV | |
| MVMISS7 | P | Methadone Clinic Avatar (Medication Dispense Server) | O |
| MVMISS7A | V | 2N Avatar | ? |
| MVMISS7B | V | WebSense (MVH) | ? |
| MVINTS1 | P | | A |
| mveDimApp01 | P | TMVH EDIM Application Server | ? |
| mveDimDB01 | P | TMVH EDIM Database Server | ? |
| | | AIRS server; virtual machine running on MVMISS7 | ? |
| HIVSERV | P | | ? |

| Location | Model/Serial | Product | Serial Number |
|------------------------|----------------------------|-----------------|--------------------|
| SSMC Data CTR - Rack 1 | Cisco ASA 5505 | Appliance | JMX153640G3 |
| SSMC Data CTR - Rack 1 | Cisco ASA 5510 | | JMX1109L15N |
| SSMC Data CTR - Rack 1 | Cisco ASA 5520 | Appliance | JMX1448L15U |
| SSMC Data CTR - Rack 1 | Catalyst 2950 | | FOC1044Z00M |
| SSMC Data CTR - Rack 1 | Catalyst 2950 | | FOC1019Z7KG |
| SSMC Data CTR - Rack 1 | Catalyst 2801 | | FTX1025W20J |
| SSMC Data CTR - Rack 1 | Catalyst 6509 | Chassis | SA110019KXG |
| SSMC Data CTR - Rack 1 | WS-C6K-9SLOT-FAN2 | Fan Module TRAY | CNDOAR7GAC |
| SSMC Data CTR - Rack 1 | WS-X6148-GE-TX | Module - RJ45 | CNUJAL9AAA |
| SSMC Data CTR - Rack 1 | WS-X6148-GE-TX | Module - RJ45 | CNUJAL9AAA |
| SSMC Data CTR - Rack 1 | WS-X6148-GE-TX | Module - RJ45 | CNUJAL9AAA |
| SSMC Data CTR - Rack 1 | WS-SUP720-3B | Module - Fabric | CNUCAF1AAA |
| SSMC Data CTR - Rack 1 | WS-X6724-SFP | Module - Fiber | CNUJAK2AAB |
| SSMC Data CTR - Rack 1 | WS-X6548-GE-TX | Module - RJ45 | CNUJAMEAAB |
| SSMC Data CTR - Rack 1 | | PSU Chassis | CNM3AZ0BRC |
| SSMC Data CTR - Rack 1 | | PSU - 1 | CNP3ARZBAA |
| SSMC Data CTR - Rack 1 | | PSU - 2 | CNP3ARZBAA |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | | 2UX64700W7 |
| SSMC Data CTR - Rack 2 | HP TFT 7600 KVM | Server | 2C463700S8 |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX64801V8 |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX64700VR |
| SSMC Data CTR - Rack 2 | Proliant DL 360G4P | Server | USM64601Z1 |
| SSMC Data CTR - Rack 2 | Proliant DL 360G4P | Server | USM64601X1 |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX613006X |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX64700U0 |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX644004Z |
| SSMC Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX644004Y |
| SSMC Data CTR - Rack 2 | Proliant DL 360G4P | Server | USM64601YP |
| SSMC Data CTR - Rack 3 | KVM - Avocent | | A320008310 |
| SSMC Data CTR - Rack 3 | Proliant DL320 G5P | Server | MX2903011S |
| SSMC Data CTR - Rack 3 | Proliant DL320 G5P | Server | MX29030114 |
| SSMC Data CTR - Rack 3 | Proliant DL320 G5 | Server | MX2801023H |
| SSMC Data CTR - Rack 3 | Proliant DL380 G4 | Server | 2UX62902GM |
| SSMC Data CTR - Rack 3 | Proliant DL140 G3 | Server | MX270100K3 |
| SSMC Data CTR - Rack 3 | Proliant DL360 G5 | Server | USM709065E |
| SSMC Data CTR - Rack 4 | Proliant DL360 G6 | Server | MXQ0030BWK |
| SSMC Data CTR - Rack 4 | Proliant DL360 G6 | Server | MXQ0160C8F |
| SSMC Data CTR - Rack 4 | Aruba 6000 US | WLAN CTRL | A00010660 |
| SSMC Data CTR - Rack 4 | TrippLite SMART5000XFMRL | UPS | 2201AACSMS053P0002 |
| SSMC Data CTR - Rack 5 | HP Storage Ultrium 3000SAS | | |
| SSMC Data CTR - Rack 5 | Proliant DL360 G7 | Server | MXQ025060B |
| SSMC Data CTR - Rack 6 | Proliant DL380 G5 | Server | 2UX72201CS |
| SSMC Data CTR - Rack 7 | DELL Powerededge R710 | Server | 30K41Q1 |
| SSMC Data CTR - Rack 7 | DELL Powerededge R710 | Server | 30L0YQ1 |
| SSMC Data CTR - Rack 7 | DELL Powerededge R710 | Server | 30K2XQ1 |
| SSMC Data CTR - Rack 7 | Cisco IRONPORT - 1 | Appliance | 2XHTPQ1 |
| SSMC Data CTR - Rack 7 | Cisco IRONPORT - 2 | Appliance | 7RJPPQ1 |
| SSMC Data CTR - Rack 7 | Dell Poweredgr R710 | Server | 30K0YQ1 |
| SSMC Data CTR - Rack 7 | Dell Poweredgr R710 | Server | 30K2YQ1 |
| SSMC Data CTR - Rack 7 | KVM - Dell | Chassis | 2110AATCB831300028 |
| SSMC Data CTR - Rack 7 | Proliant DL360 G7 | Server | MXQ025062H |
| SSMC Data CTR - Rack 7 | Proliant DL360 G7 | Server | MXQ0510D65 |
| SSMC Data CTR - Rack 7 | TrippLite SMART5000XFMRL | UPS | |
| SSMC Data CTR - Rack 8 | Dell PowerConnect 7024 | Switch | |
| SSMC Data CTR - Rack 8 | Dell PowerConnect 7025 | Switch | |
| SSMC Data CTR - Rack 8 | Citrix Netscaler MPX - Pri | Appliance | NEKNU251M5 |

| | | | |
|------------------------|----------------------------|-----------------|--------------------|
| SSMC Data CTR - Rack 8 | Citrix Netscaler MPX - Sec | Appliance | N3573251ED |
| SSMC Data CTR - Rack 8 | Dell Poweredge R810 | Server | 1KTM4V1 |
| SSMC Data CTR - Rack 8 | DELL EQUALLOGIC PS6100 | Appliance | 33CN4V1 |
| SSMC Data CTR - Rack 8 | TrippLite SMART5000XFMRL | UPS | |
| SSMC Data CTR - MDF | Cisco Catalyst 3750 | Switch | FKH0919X020 |
| SSMC Data CTR - MDF | Cisco 2800 | | FTX1134Y0CY |
| SSMC Data CTR - MDF | Juniper EX3200 24PoE | Switch | BJ0210130662 |
| SSMC Data CTR | Cisco Catalyst 3750 | Switch | CAT1050ZG8C |
| SSMC Data CTR | TrippLite SMART5000XFMRL | UPS | 2232PLCSM628700068 |
| | | | |
| MVH Data CTR - Rack 1 | Cisco ASA 5505 | Appliance | JMX1536Z046 |
| MVH Data CTR - Rack 1 | Cisco ASA 5525X | Appliance | FGL162740Z8 |
| MVH Data CTR - Rack 1 | Cisco Catalyst 2950 | | FOC1044ZAFB |
| MVH Data CTR - Rack 1 | Cisco Catalyst 2950 | | FOC1044ZAFB |
| MVH Data CTR - Rack 1 | Cisco 2800 | | FTX1046Z073 |
| MVH Data CTR - Rack 1 | Catalyst 6509 | Chassis | SAL10019KXF |
| MVH Data CTR - Rack 1 | WS-X6148-GE-TX | Module - RJ45 | GNU1A19AAA |
| MVH Data CTR - Rack 1 | WS-X6148-GE-TX | Module - RJ45 | GNU1A19AAA |
| MVH Data CTR - Rack 1 | WS-SUP720-3B | Module - Fabric | GNUCAF1AAA |
| MVH Data CTR - Rack 1 | WS-X6724-SFP | Module - Fiber | CNU1AK2AAB |
| MVH Data CTR - Rack 1 | WS-C6K-9SLOT-FAN2 | Fan Module Tray | CNDOAR7GAC |
| MVH Data CTR - Rack 1 | | PSU Chassis | CNM3A70BRC |
| MVH Data CTR - Rack 1 | | PSU - 1 | CNP3ARZBAA |
| MVH Data CTR - Rack 1 | | PSU - 2 | CNP3ARZBAA |
| MVH Data CTR - Rack 2 | Aruba 6000 - US | | A00010561 |
| MVH Data CTR - Rack 2 | KVM | | |
| MVH Data CTR - Rack 2 | Proliant DL360 G6 | Server | MXQ01105GP |
| MVH Data CTR - Rack 2 | Proliant DL380 G4 | | 2UX64803E3 |
| MVH Data CTR - Rack 2 | Proliant DL360 G4P | Server | USM64903LX |
| MVH Data CTR - Rack 2 | Proliant DL380 G4 | Server | 2UX65002KU |
| MVH Data CTR - Rack 2 | Proliant DL360 G4P | Server | USM64903LU |
| MVH Data CTR - MDF | Juniper EX3200 24PoE | Switch | BJ0210130701 |
| MVH Data CTR | TrippLite SMART5000XFMRL | UPS | 2232PLCSM628700067 |
| Communication Closets | | | |
| SSMC - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZIJ1 |
| SSMC - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1040ZGFJ |
| SSMC - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1034ZL1T |
| SSMC - IDF1 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210130705 |
| SSMC - IDF2 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1040ZGF8 |
| SSMC - IDF2 | Cisco Catalyst 3750 | WS-C3750-48P | FDO1137Y065 |
| SSMC - IDF2 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210130759 |
| SSMC - IDF3 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1040ZGEA |
| SSMC - IDF3 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210114709 |
| SSMC - IDF4 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZIJY |
| SSMC - IDF4 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZIJL |
| SSMC - IDF5 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJGM |
| SSMC - IDF5 | Cisco Catalyst 3750 | WS-C3750-48P | FDO1214X099 |
| SSMC - IDF5 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210114422 |
| SSMC - IDF5 | Juniper SSG 320M | Gateway | JN11D555DADD |
| SSMC - IDF6 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJH8 |
| SSMC - IDF6 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJJK |
| SSMC - IDF6 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJG8 |
| SSMC - IDF6 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1024Z41N |
| SSMC - IDF6 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210246186 |
| SSMC - BDF | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZIJ6 |
| SSMC - BDF | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJL3 |
| SSMC - BDF | Juniper EX3200 24PoE | 24 Port PoE | BJ0210097748 |

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| SSMC - IDF10 | Cisco Catalyst 3750 | WS-C3750-48TS | FD01138Z60T |
| SSMC - IDF10 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1002Z12M |
| SSMC - IDF10 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210130801 |
| SSMC - IDF11 | Cisco Catalyst 3750 | WS-C3750G-48TS | FOC1516W32K |
| SSMC - IDF11 | Juniper EX3200 24PoE | 24 Port PoE | BJ0211167681 |
| SSMC - IDF7 | Cisco Catalyst 3750 | WS-C3750-48P | CAT1049NGT2 |
| SSMC - IDF7 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJL5 |
| SSMC - IDF7 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJG3 |
| SSMC - IDF7 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJHY |
| SSMC - IDF7 | Juniper EX3200 24PoE | 24 Port PoE | BL0210321637 |
| SSMC - IDF8 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJJZ |
| SSMC - IDF8 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJHW |
| SSMC - IDF8 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT0906X1UD |
| SSMC - IDF8 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210246161 |
| SSMC - IDF9 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJHE |
| SSMC - IDF9 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJGW |
| SSMC - IDF9 | Juniper EX3200 24PoE | 24 Port PoE | BJ0211167746 |
| SSMC - HR | Juniper EX3200 24PoE | 24 Port PoE | BJ0210116220 |
| SSMC - IDF12 - Tel | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1117RGE9 |
| MVH - IDF - Base | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJK2 |
| MVH - IDF - Base | Juniper EX3200 24PoE | 24 Port PoE | BJ0210116215 |
| MVH - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJKB |
| MVH - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJKV |
| MVH - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJL0 |
| MVH - IDF1 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1122NHEA |
| MVH - IDF1 | Cisco Catalyst 3750 | WS-C3750-48P | FDO1136ZAC4 |
| MVH - IDF1 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210130780 |
| MVH - IDF2T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJK0 |
| MVH - IDF2T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJKL |
| MVH - IDF2T | Juniper EX3200 24PoE | 24 Port PoE | BJ0210114579 |
| MVH - IDF2S | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJJB |
| MVH - IDF2S | Juniper EX3200 24PoE | 24 Port PoE | BJ0210116214 |
| MVH - IDF3 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJHP |
| MVH - IDF3 | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJKW |
| MVH - IDF3 | Juniper EX3200 24PoE | 24 Port PoE | BJ0210114686 |
| MVH - IDF3T | Cisco Catalyst 3750 | WS-C3750-48P | FDO1227Z016 |
| MVH - IDF3T | Juniper EX3200 24PoE | 24 Port PoE | BJ0210034940 |
| MVH - IDF4T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJJC |
| MVH - IDF4T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJKZ |
| MVH - IDF4T | Juniper EX3200 24PoE | 24 Port PoE | BJ0210116133 |
| MVH - IDF6T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJJN |
| MVH - IDF6T | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1038ZJL4 |
| MVH - IDF6T | Juniper EX3200 24PoE | 24 Port PoE | BJ0210116211 |
| MVH - IDF6W | Cisco Catalyst 3750 | WS-C3750-48P | FDO1137Y060 |
| MVH - IDF6W | Juniper EX3200 24PoE | 24 Port PoE | BJ0210246183 |
| MVH - IDF4SON | Cisco Catalyst 3750 | WS-C3750-48TS | CAT10355NWG |
| MVH - IDF4SONLIB | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1042ZGAK |
| MVH - IDF4SONLIB | Juniper EX3200 24PoE | 24 Port PoE | BJ0209369795 |
| MVH - Telecom | Cisco Catalyst 3750 | WS-C3750-48TS | CAT1117ZK0Y |

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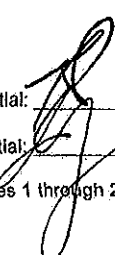
Attachment A

Date: 6/22/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-3

Equipment Located At: Sound Shore Medical Center of Westch
16 Guion Place
New Rochelle, NY 10801

| <u>Qty</u> | <u>Model</u> | <u>Manufacturer</u> | <u>Description</u> | <u>Serial Number</u> |
|------------|-------------------|---------------------|---|----------------------|
| 1 | install | Aruba | Configuration, Installation, Optimization and training hours | |
| 2 | M3mk1-S | Aruba | Aruba Multi-Service Mobility Module Mark I, 10x1000 Base-X (SFP), 2x 10GBase-X (XFP), (OAP) | |
| 2 | LIC-384-AP | Aruba | Access Point License (384 Access Point License) | |
| 2 | LIC-PEFNG-384 | Aruba | Policy Enforcement Firewall Module License (384-AP License) | |
| 2 | SN1-M3MK1-S | Aruba | Next-Day Support for M3Mk1-S (1yr) | |
| 2 | SN1-LIC-384-AP | Aruba | Support for LIC-384-AP (1yr) | |
| 2 | SN1-LIC-PEFNG-384 | Aruba | Support for LIC-PEFNG 384 (1yr) | |
| 2 | 6000 | Aruba | Aruba 6000 Base (400) US | |
| 2 | LIC-16-AP | Aruba | Access Point License (16 Access Point License) | |
| 2 | LIC-PEFNG-16 | Aruba | Policy Enforcement Firewall Module License (16-AP License) | |
| 6 | AP-124 | Aruba | Aruba 124 Wireless Access Point | |
| 2 | SN1-6000-400-US | Aruba | Next-Day Support for 6000-400-US (1yr) | |
| 399 | AP-105 | Aruba | Aruba 105 Wireless Access Point (Dual Radio) | |
| 2 | LIC-8-AP | Aruba | Access Point License (8 Access Point License) | |
| 2 | LIC-PEFNG-8 | Aruba | Policy Enforcement Firewall Module License (8-AP License) | |
| 6 | AP-ANT-93 | Aruba | 5.125-5.1Ghz (14.OdBi), 3 Element MIMO High-Gain 20 Degree Directional Pansi Antenna, N-Tipe Female | |
| 5 | OTENC | Aruba | Outdoor Enclosure | |
| 2 | SN1-LIC-16-AP | Aruba | Support for LIC-16-AP (1yr) | |
| 2 | SN1-LIC-PEFNG-16 | Aruba | Support for LIC-PEFNG-16 (1yr) | |
| 6 | PD7001-AC | Aruba | High Powered PoE | |
| 2 | SN1-LIC-8-AP | Aruba | Support for LIC-8-AP (1yr) | |

Lessee Initial: 

Lessor Initial: 

Acknowledges Pages 1 through 2

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| | | | |
|-----|-----------------|---------|--|
| 2 | SN1-LIC-PEFNG-8 | Aruba | Support for LIC-PEFNG-8 (1yr) |
| 5 | RAP-2WG-US | Aruba | Aruba RAP-2WG remote access point (wireless, 2x10/100Base-T) US |
| 5 | OTENC-MNT | Aruba | Outdoor Enclosure Mount |
| 14 | AP-CAB-6 | Aruba | 6Ft LMR 400 Cable N-Type Connectors |
| 5 | MASTMNT | Aruba | Mast Mount |
| 5 | MAST | Aruba | 6ft Mast |
| 399 | AP-105-MNT-C | Aruba | Aruba AP-105 Ceiling Rail adapter Kit |
| 5 | SNI-RAP-2WG-US | Aruba | Next-Day Support for RAP-2WG-US (1yr) |
| 4 | SFP-TX | Aruba | Aruba SFP 1000Base-T, RJ45 |
| 4 | PC-AC-NA | Aruba | AC Power Cord (North America Version) |
| 25 | EX3200 | Juniper | Juniper EX 3200 24P -Switch -24 Port 1000B |

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20 T5740E

HP

HP T5740E N280 Intel Atom N280 1.66 GHz, 4
GB Flash ROM, 2 GB DDR3 SDRAM, Intel GL40
graphics, Atheros 802.11 a/b/g/n Wi-Fi adapter,
Genuine Windows Embedded Standard 7

CNW1190NTG
CNW1190NTM
CNW1190NTR
CNW1190NVG
CNW1190NVL
CNW1190NVS
CNW1190NV0
CNW1190NWF
CNW1190NWX
CNW1190NXY
CNW1190NX0
CNW1190NX1
CNW1190NX2
CNW1190NX3
CNW1190NX6
CNW1190NX8
CNW1190P1G
CNW1190P2X
CNW1190P3G
CNW1190P5N

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| | | | | |
|----|--------|----|---|--|
| 35 | CB518A | HP | HP Laser Jet P4014 500SHT Input Tray / Feeder | CNBXD09655 , CNBXD09669 , CNBXD12543 , CNBXD12544 , CNBXD12548 , CNBXD12550 , CNBXD12554 , CNBXD12556 , CNBXD12602 , CNBXD12617 , CNBXD12618 , CNBXD12620 , CNBXD12621 , CNBXD12622 , CNBXD12623 , CNBXD12624 , CNBXD12625 , CNBXD12626 , CNBXD12629 , CNBXD12630 , CNBXD15532 , CNBXD15534 , CNBXD15740 , CNBXD15827 , CNBXD15828 , CNBXD15833 , CNBXD15906 , CNBXD15915 , CNBXD15916 , CNBXD15918 , CNBXD15921 , CNBXD15922 , CNBXD15923 , CNBXD15925 , CNBXD15930 , |
|----|--------|----|---|--|

| | | | | |
|-----|----------|----|---|--|
| 400 | LA1905WG | HP | 19inch Wide DVI HP HA Monitor; 1000:1 static, 3000:1 dynamic | CNC1160G1S CNC1160G1T CNC1160G1V CNC1160G1W CNC1160G1Y CNC1160G1Z CNC1160G17 CNC1160G2B CNC1160G2C CNC1160G2D CNC1160G2F CNC1160G2G CNC1160G2H CNC1160G2J CNC1160G2K CNC1160G2L CNC1160G2M |
|-----|----------|----|---|--|

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CNC1160G2N
CNC1160G2P
CNC1160G2Q
CNC1160G2R
CNC1160G2S
CNC1160G2T
CNC1160G2V
CNC1160G2W
CNC1160G2X
CNC1160G2Y
CNC1160G2Z
CNC1160G20
CNC1160G21
CNC1160G22
CNC1160G23
CNC1160G24
CNC1160G25
CNC1160G26
CNC1160G27
CNC1160G28
CNC1160G29
CNC1160G3B
CNC1160G3C
CNC1160G3D
CNC1160G3F
CNC1160G3G
CNC1160G3H
CNC1160G3J
CNC1160G3K
CNC1160G3L
CNC1160G3M
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CNC1160G3T
CNC1160G3V
CNC1160G3W
CNC1160G30
CNC1160G31
CNC1160G32
CNC1160G33
CNC1160G34
CNC1160G35
CNC1160G36
CNC1160G37
CNC1160G38
CNC1160G39
CNC11605SN
CNC11605SP
CNC11605SQ
CNC11605SR

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Lessee: Sound Shore Medical Center of
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CNC11605SS
CNC11605ST
CNC11605SV
CNC11605SW
CNC11605SX
CNC11605SY
CNC11605SZ
CNC11605TB
CNC11605TC
CNC11605TD
CNC11605TF
CNC11605TG
CNC11605TH
CNC11605TK
CNC11605TL
CNC11605TM
CNC11605TN
CNC11605TP
CNC11605TQ
CNC11605TR
CNC11605TS
CNC11605TT
CNC11605TV
CNC11605TW
CNC11605TX
CNC11605TY
CNC11605TZ
CNC11605T0
CNC11605T1
CNC11605T2
CNC11605T3
CNC11605T4
CNC11605T5
CNC11605T6
CNC11605T7
CNC11605T8
CNC11605T9
CNC11605VB
CNC11605VC
CNC11605VD
CNC11605VF
CNC11605VG
CNC11605VH
CNC11605VJ
CNC11605VK
CNC1180RHB
CNC1180RHC
CNC1180RHD
CNC1180RHF
CNC1180RHG
CNC1180RHH
CNC1180RHJ
CNC1180RHK

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CNC1180RHL
CNC1180RHM
CNC1180RHN
CNC1180RHP
CNC1180RHQ
CNC1180RHR
CNC1180RH0
CNC1180RH1
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CNC1180RH3
CNC1180RH4
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CNC1180RH6
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CNC1180RH8
CNC1180RH9
CNC1180R4P
CNC1180R42
CNC1180R46
CNC1180R7W
CNC1180R8G
CNC11605VL
CNC11605VM
CNC11605VN
CNC11605VP
CNC11605VQ
CNC11605VR
CNC11605VT
CNC11605V0
CNC11605V1
CNC11605V2
CNC11605V3
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CNC11605V5
CNC11605V6
CNC11605V7
CNC11605V8
CNC11605V9
CNC11605X6
CNC11606B0
CNC11606B1
CNC11606B2
CNC11606B3
CNC11606FB
CNC11606FF
CNC11606FK
CNC11606FL
CNC11606HY
CNC11606TQ
CNC11606TS
CNC11606TT
CNC11606TV
CNC11606TW

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CNC11606TX
CNC11606TY
CNC11606TZ
CNC11606VB
CNC11606VC
CNC11606VD
CNC11606VF
CNC11606VG
CNC11606VH
CNC11606VJ
CNC11606VK
CNC11606VL
CNC11606VM
CNC11606VN
CNC11606VP
CNC11606VR
CNC11606VS
CNC11606VT
CNC11606VV
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CNC11606WQ
CNC11606WR
CNC11606WS
CNC11606WT
CNC11606W0
CNC11606W1
CNC11606W2
CNC11606W4

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Lessee: Sound Shore Medical Center of
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CNC11606W5
CNC11606W6
CNC11606W7
CNC11606W8
CNC11606W9
CNC1160632
CNC116064B
CNC116064C
CNC116064D
CNC116064F
CNC116064G
CNC116064H
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CNC116064L
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CNC116064Q
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CNC116065D
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CNC116065G
CNC116065H
CNC116065J
CNC116065K
CNC116065L
CNC116065M
CNC116065N
CNC116065P
CNC116065R
CNC116065S
CNC116065T
CNC116065V
CNC116065W
CNC116065X
CNC116065Y
CNC116065Z
CNC1160650

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CNC1160667
CNC1160668
CNC1160669
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CNC116068D
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CNC116068G
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CNC116068K
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CNC116068N
CNC116068P
CNC116068Q
CNC116068R
CNC116068T
CNC116068V
CNC116068X
CNC116068Y
CNC116068Z
CNC1160680
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CNC1160683
CNC1160684
CNC1160685
CNC1160686
CNC1160687
CNC1160688
CNC1160689
CNC116069B

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Lessee: Sound Shore Medical Center of
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CNC116069D
CNC116069F
CNC116069G
CNC116069H
CNC116069J
CNC116069K
CNC116069L
CNC116069M
CNC116069N
CNC116069P
CNC116069Q
CNC116069R
CNC116069S
CNC116069T
CNC116069V
CNC116069W
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CNC1180RFS
CNC1180RFV
CNC1180RFW
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CNC1180RFY
CNC1180RFZ
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CNC1180RGC
CNC1180RGD
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CNC1180RGN
CNC1180RGP
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CNC1180RGS
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CNC1180RGW

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CNC1180RGX
CNC1180RGY
CNC1180RGZ
CNC1180RG0
CNC1180RG2
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CNC1180RG5
CNC1180RG6
CNC1180RG7
CNC1180RG8
CNC1180RG9

| | | | | |
|-----|---------------|----------------|---|--|
| 400 | VN567AA | HP | HP Display Port Cable Kit | |
| 3 | EX3200 | Juniper | Juniper EX3200 24PT 1000B POE 600W | BJ021167681 BJ021167702 BJ021167746 |
| 400 | K64617 | Kensington | Kingsington Desktop / Periph Lock Kit | |
| 1 | 228-09492 | Microsoft | VLA Microsoft SQL Server 2008 R2-Standard-License Contract Code: PT65196-MICROSOFT | |
| 4 | P71-06392 | Microsoft | VLA WINDOWS SERVER DATACENTER PER PROCESSOR 2008 R2 CONTRACT CODE: PT65196 MICROSOFT | |
| 3 | P73-05005 | Microsoft | VLA Windows Server STD 2008 R2 | |
| 25 | FS108NA | Netgear | Netgear 8PT 10/100 Switch FS108 | |
| 400 | STM042 | Seal Shield | Seal Shield Silver Storm OP Mouse PS2 | |
| 400 | STK503 | Seal Shield | Seal Shield Silver Storm KB USB Black | |
| 2 | 10-504001 | Solgenia USA | Sound Shore Medical Facsys 5 E NT Cleint Server Lic for Vein Server 10 User Llic | |
| 2 | 30-500050 | Solgenia USA | Facsys 5 Enterprise Fast Annual | |
| 2 | 20-500010 | Solgenia USA | Sound Shore Medical Facsys 5En T-10USER Client Licc Contract Code: PT65196-MICROSOFT | |
| 40 | TSP847IIE3-24 | Star Micronics | Star Micronics TSP847IIE3-24 GRY RX US, Thermal, Printer, 2 Color, Cutter/Tear Bar, LAN, Gray, Paper Lock, Includes PS PS60A-24B External Power Supply and New LAN IFBD-HE07 Included | 2370911030600001 2370911030600002 2370911030600003 2370911030600005 2370911030600006 2370911030600007 2370911030600013 2370911030600014 2370911030600017 2370911030600018 2370911030600019 2370911030600021 |

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2370911030600023
2370911030600024
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2370911030600084
2370911030600076
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2370911030600079
2370911030600080
2370911030600089
2370911030600096
2370911030600108
2370911030600112

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|---|----------------|----------------|--------------------------------------|
| 3 | SMART5000XFMRX | Tripp Lite | TRIPP 5000VA UPS Smart 5KVA 120/208V |
| 3 | SR42UB | Tripp Lite | Tripp 42U Rack Enclosure DRS&Sides |
| 3 | SNMPWEBCARD | Tripp Lite | Tripp SW SNMP/WEB MGMT ACCESSO |
| 6 | PDUMH20 | Tripp Lite | Tripp PDU Metered 20A 5-15/20R 12Out |
| 1 | | vendor freight | Freight |

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Date: 11/15/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

Equipment Located At: Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

| <u>Qty</u> | <u>Model</u> | <u>Manufacturer</u> | <u>Description</u> | <u>Serial Number</u> |
|------------|-----------------|---------------------|--|--|
| 8 | WS-C3750-48TS-S | Cisco | Catalyst 3750 48 Port 10/100 inline Power Switch with 4SFP Standard Image Software | FDO1136ZAC4 CAT1049NGT2 FDO1227Z016 FDO1137Y065 CAT1049NGSK FDO1214X099 CAT1050ZG8C FDO1137Y060 |
| 8 | CAB-STACK-3M | Cisco | Cisco Stackwise 3M Stacking Cable Spare per attached Quote #10635210 | |
| 8 | GLC-SX-MM-CX | Cisco | New Compatible GIG SX MMF SFP with LC Connectors and Lifetime Warranty | CXSPA13318 CXSPA13315 CXSPA13332 CXSPA13331 CXSPA13320 CXSPA13319 CXSPA13333 CXSPA13367 |
| 8 | RAPIDCARE-E | Cisco | Rapidcare coverage includes next business day advanced Network Hardware replacement | |
| 46 | L-S10-D1-0 | Enovate | Enovate LITE Medical Cart - Ultra w/Laptop Secure Bar Keyboard Sys Lvl1 | |
| 1 | EX3200-48P | Juniper | Juniper EX3200 48PT 1000B POE 930W | BL0210460968 |
| 1 | SSG-320M-SH | Juniper | Juniper Networks Secure Services Gateway SSG 320M - security appliance 0 / 3 - Ethernet, Fast Ethernet, Gigabit Ethernet, HDLC, Frame Relay, PPP, MLPPP, FRF.15, FRF.16 - 2U | SJN11D555DADD |
| 1 | NS-WF-SSG320-3 | Juniper | Juniper SSG320M WEB Filter 3 year subscription | |
| 1 | SVC-ND-SSG320SR | Juniper | Juniper J-Care 3 year next day SSG320 | |
| 64 | ThinkPad T520 | Lenovo | Lenovo ThinkPad T520 - Core i5 2520M 2.5 GHz - vPro - RAM 4 GB - HDD 320 GB - DVD-Writer - HD Graphics 3000 - 3G Upgradable - Gigabit Ethernet - WLAN : 802.11 a/b/g/n, Bluetooth 3.0 - TPM - Windows 7 Pro 64-bit - 15.6" Widescreen LED backlight TFT 1366 x 768 (WXGA), 250GB 7.2K SATA Hard Drive with Computrace Complete 3 years | 1S423946UR9EYVAB 1S423946UR9EYVBC 1S423946UR9EYVB3 1S423946UR9EYVNC 1S423946UR9EYVVG 1S423946UR9EYVXZ 1S423946UR9EYVX3 1S423946UR9EYVY0 1S423946UR9EYVZ2 1S423946UR9EYV3N |

Acknowledges Pages 1-6: Lessee Initial:

Lessor Initial:

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Chief Executive Officer

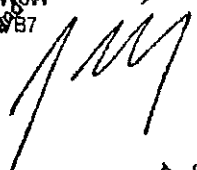
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Lessee: Sound Shore Medical Center of Westchester
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1S423946UR9EYW05
1S423946UR9EYW34
1S423946UR9EYW4L
1S423946UR9EYW5F
1S423946UR9EYW5M
1S423946UR9EYW5N
1S423946UR9EYW5W
1S423946UR9EYW51
1S423946UR9EYW6F
1S423946UR9EYW63
1S423946UR9EYRKT
1S423946UR9EYTB9
1S423946UR9EYTD3
1S423946UR9EYTFW
1S423946UR9EYT6V
1S423946UR9EYT8N
1S423946UR9EYVG0
1S423946UR9EYVH3
1S423946UR9EYVLP
1S423946UR9EYVMM
1S423946UR9EYVN3
1S423946UR9EYVWF
1S423946UR9EYVWM
1S423946UR9EYVWV
1S423946UR9EYVWZ
1S423946UR9EYVXK
1S423946UR9EYVXX
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1S423946UR9EYV5Y
1S423946UR9EYW0X
1S423946UR9EYW1D
1S423946UR9EYW1K
1S423946UR9EYW1L
1S423946UR9EYW14
1S423946UR9EYW17
1S423946UR9EYW2A
1S423946UR9EYW2H
1S423946UR9EYW21
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1S423946UR9EYW3N
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1S423946UR9EYW5H
1S423946UR9EYW5P
1S423946UR9EYW5R
1S423946UR9EYW58
1S423946UR9EYW6B
1S423946UR9EYW6A
1S423946UR9EYW6H
1S423946UR9EYW67

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Date: 11/15/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

1S423946UR9EYRX2

3 ThinkCentre A70z Lenovo

Lenovo ThinkCentre A70z - 1 x Core 2 Duo E7500 /
2.93 GHz - RAM 4 GB - HDD 1 x 500
GB - DVD-Writer - GMA X4500 - Gigabit
Ethernet - WLAN : 802.11b/g/n - Windows 7 Pro
64-bit - Monitor : 19" Widescreen TFT per attached
Quote #CHNR494

1S0401U3US1X8691
1S0401U3US1X8878
1S0401U3US1X7570

35 DS4208-SCZU0100Z Motorola

Motorola DS4208-Healthcare - USB Kit White
barcode scanner

SM1N74K13M
SM1N74K13P
SM1N74K13R
SM1N74K45V
SM1N74K45W
SM1N74K45Y
SM1N74P33M
SM1N74W06A
SM1N74W06B
SM1N74W06C
SM1N74W06D
SM1N74W06E
SM1N74W06F
SM1N74W06G
SM1N74W06H
SM1N74W06K
SM1N74W06M
SM1N74W06N
SM1N74W06R
SM1N74W29G
SM1N74W31D
SM1N74E51H
SM1N74E53T
SM1N74E53W
SM1N74E54B
SM1N74E54D
SM1N74E54E
SM1N74E54F
SM1N74E54N
SM1N74E54P
SM1N74E54R
SM1N74E54T
SM1N74E54V
SM1N74E55G
SM1N74E55H

55 KV-S1025C-S Panasonic

Panasonic KV S1025C-S Hi-Speed USB, Document
Scanner, 26 PPM max scan speed B/W, 26 PPM max
scan speed color, 600 dpi max H-optical resolution,
600 dpi max V-optical resolution

2413RH1758
2413RH1768
2413RH1769
2413RH1775
2413RH1780
2413RH1783
2413RH1785
2413RH1795
2413RH1796

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Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

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2417RH3614
2417RH3620
2417RH3627
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2417RH3746
2417RH3750
2417RH3756

| | | | |
|---|------------------|---------|--|
| 5 | MobileOffice D28 | PlusTek | Plustek MobileOffice D28 Corporate Hi-Speed USB Sheetfed scanner, 600 dpi max H-optical resolution, 600 dpi max V-optical resolution, 48-bit color |
| 4 | ZM400 | Zebra | Zebra ZM400 - Label printer - B/W - direct thermal / thermal transfer - Roll (4.5 in) - 300 dpi - up to 479.5 inch/min - Parallel, Serial, USB |

08J111500262
08J111500267
08J111500271

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Date: 11/15/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

08J111500278

| | | | | |
|----|--------|-------|---|--|
| 1 | GX430t | Zebra | Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX | 32J112400381 |
| 3 | GX430t | Zebra | Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX | 32J113100314 32J113100323 32J113100332 |
| 75 | GX430t | Zebra | Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX | 32J105200265 32J111800002 32J111800003 32J111800004 32J111800006 32J111800007 32J111800008 32J111800009 32J111800010 32J111800011 32J111800012 32J111800014 32J111800015 32J111800016 32J111800017 32J111800018 32J111800019 32J111800020 32J111800021 32J111800022 32J111800024 32J111800025 32J111800026 32J111800028 32J111800029 32J111800030 32J111800031 32J111800032 32J111800034 32J111800035 32J111800036 32J111800037 32J111800038 32J111800039 32J111800046 32J111800047 32J111800050 32J111800053 32J112100198 32J112200099 32J112200122 32J112200124 32J112200125 32J112200127 |

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and Correct Copy

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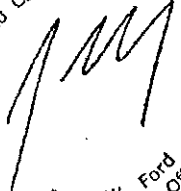
32J112200131
32J112200132
32J112200213
32J112200217
32J112200218
32J112200219
32J112200220
32J112200221
32J112200222
32J112200224
32J112200226
32J112200228
32J112200231
32J112700155
32J112700156
32J112700161
32J112700163
32J112700164
32J112700167
32J112700171
32J112700172
32J112700176
32J112700177
32J112700185
32J112700189
32J112700204
32J112700205
32J112700209
32J112900526
32J112900530
32J112900566

| | | | | |
|---|--------|-------|---|------------------------------|
| 2 | GX420t | Zebra | Zebra GX420t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 203 dpi - up to 359.1 inch/min - Serial, USB, 10/100Base-TX | 31J104200347 31J104200353 |
|---|--------|-------|---|------------------------------|

Equipment Located At: Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550

| <u>Qty</u> | <u>Model</u> | <u>Manufacturer</u> | <u>Description</u> | <u>Serial Number</u> |
|------------|--------------|---------------------|--|----------------------|
| 13 | L-S10-01-0 | Enovate | Enovate LITE Medical Cart - Ultra w/Laptop Secure Bar Keyboard Sys Lvl1 | |

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and Correct Copy



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Equipment Located At: Sound Shore Medical Center of Westch
16 Gulon Place
New Rochelle, NY 10801

| <u>Qty</u> | <u>Model</u> | <u>Manufacturer</u> | <u>Description</u> | <u>Serial Number</u> |
|------------|--------------|---------------------|--|-------------------------------|
| 2 | PE R710 | Dell | PE R710 Server with Chassis for UP to 1, 3.5 In Hard Drives, PowerEdge R710 Shipping, 48GB Memory (6x8GB), 1333MHz, Dual Ranked LV RDIMMs for 2 Procs, Optimized, Embedded Broadcom, GV Ethernet NICS with TOE and ISCSI Offload Enabled, Embedded Broadcom, GV Ethernet NICS wiht TOE, Intel Xeon X5667, 3.06Ghz, 12M Cache, Turbo, HT, 1333MHz Max Mem, Intel Xeon X5667, 3.06Ghz, 12M Cache, Turbo, HT , 1333MHz Max mem, PowerEdge R710 Heat Sinks for 2 Processors, 450GB 15K PRM SA SCSI 6Gbps 3.5in Hotplug Hard Drive, PERC H700 Integrated RAID Controller, 1 GB NV Cache, x6, Power Saving BIOS Setting, No Operating System iDRAC6 Enterprise, DVD ROM, SATA, INternal, Bezel, Riser with 2 PCIe x8 + 2 PCIe x4 Slot, Management Console, Electronic System Dcoumetnation and OpenManage DVD Kit, 450GB 15K RPM SA SCSI 6Gbps 3.5in Hotplug Hard rive, RAID 5 for H700 or PERC 6/i Controllers, Ready Rails Sliding Rails with CableManagement Arm, High Output Power Supply Redundant, 870W, Poer Cord, C13 to C14, PDU Style, 12 Amps, 2 meter, Qty 1, Power Cord, C13 to C14, PDU Style, 12 Amps, 2 meter, Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 ft 3 meter, 450GB 15K PRM SA SCSI 6Gbps 3.5in Hotplug Hard Drive, Mission Critical Package, 4-Hour 7x24 On-site service wiht Emergency Dispatch 3 yrs, ProSupport: 7x24 HW/SW Tech Support and Assistance, 3yr Hardware Limited Warranty Plus | 30K2YQ1 30K0YQ1 |
| 3 | PE R710 | Dell | PE R710 with Chassis for Up to 8, 2.5-In hard Drive, PowerEdge R710 Shipping, 8GB Memory (4x2GB), 1333MHz Single Ranked UDIMMs for 2 Procs, Advanced ECC, Embedded Broadcom, GB Ethernet NICS with TOE and ISCSI Offload Enabled, Embedded Broadcom, GB Ethernet NICS with TOE, Intel Xeon E5630 2.53Ghz, 12M Cache, Turbo, HT, 1066MHz Max Mem, Intel Xeon E5630 2.53Ghz, 12M Cache, Turbo, HT, 1066MHz Max Mem, PowerEdge R710 Heat Sinks for 2 processors, 146GB 15K RPM Werial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive, PERC H700 Integrated RAID Controller, 1GV NV Cache, x8, Power Saving BIOS Setting , NO Operating | 30K4YQ1 30L0YQ1 30KZXQ1 |

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Lessor Initial: _____

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Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard
Drive, Mission Critical Package: 4-Hour 7x24
On-Site Service with Emergency Dispatch 3yrs,
Hardware Limited Warranty Plus ON Site Service
3 yrs

| | | | | |
|----|------------|----------|--|--|
| 3 | 901-013-01 | Dell | TR1034+E2-2L PCI HALF 2CHANNEL V.34 EXPRESS HALF-SIZE CARDEA | DS112300235S DS112300265S DS12300273 |
| 1 | ELC | Dell | Electronic License Confirmation elec dwnld only, Dell Software | |
| 6 | LX | Ergotron | Ergotron LX SM CPU Lift Wall Mount System | |
| 35 | P4015DN | HP | HP Laser Jet P4015DN Printer, up to 52PPM, 1 Hi-Speed USB 2.0; 1 Ggabit Ethernet; 1 EIO; 1 external and 2 Internal Host USB 2.0-like ports; Duplex: Automatic; 100-sheet multipurpose tray, 500-sheet input tray 2, 500-sheet output bin, 100-sheet rear output bin | CNDYB37658 CNDYB37663 CNDYB37665 CNDYB37667 CNDYB37668 CNDYB37670 CNDYB37673 CNDYC01787 JPDF263254 JPDF264605 JPDF264606 JPDF264608 JPDF264751 JPDF264752 JPDF264756 JPDF264757 JPDF264761 JPDF265128 JPDF265147 JPDF265230 JPDF265232 JPDF265282 JPDF265286 JPDF265288 JPDF265564 JPDF266310 JPDF266315 |

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340 T5740E

HP

HP T5740E N280 Intel Atom N280 1.66 GHz, 4
GB Flash ROM, 2 GB DDR3 SDRAM, Intel GL40
graphics, Atheros 802.11 a/b/g/n Wi-Fi adapter,
Genuine Windows Embedded Standard 7

JPDF266324
JPDF266326
JPDF266329
JPDF266715
JPDF266718
JPDF266721
JPDF269203
JPDF269377

CNW118103B
CNW118103D
CNW1190NT5
CNW1190NYN
CNW1190PBM
CNW1190PBN
CNW1190PBP
CNW1190PBQ
CNW1190PBR
CNW1190PB0
CNW1190PB5
CNW1190PB6
CNW1190PCW
CNW1190PDD
CNW1190PD1
CNW1190PK3
CNW1190P3B
CNW1190P3K
CNW1190P3Y
CNW1190P4J
CNW1190P4M
CNW1190P4N
CNW1190P4Q
CNW1190P4V
CNW1190P4Z
CNW1190P43
CNW1190P5C
CNW1190P5D
CNW1190P5G
CNW1190P5H
CNW1190P5P
CNW1190P5Q
CNW1190P5X
CNW1190P5Z
CNW1190P50
CNW1190P54
CNW1190P55
CNW1190P56
CNW1190P59
CNW1190P6B
CNW1190P6F
CNW1190P6G
CNW1190P6H
CNW1190P6L

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CNW1190P6M
CNW1190P6N
CNW1190P6T
CNW1190P6Y
CNW1190P63
CNW1190P65
CNW1190P67
CNW1190P7H
CNW1190P7W
CNW1190P71
CNW1190P8S
CNW1190P9R
CNW1190P9Y
CNW120120Q
CNW120120R
CNW120120S
CNW120120T
CNW120120V
CNW120120W
CNW120120X
CNW120120Y
CNW120120Z
CNW120121B
CNW120121C
CNW120121D
CNW120121F
CNW120121G
CNW120121H
CNW120121J
CNW120121K
CNW120121L
CNW120121M
CNW120121N
CNW120121P
CNW120121Q
CNW120121R
CNW120121S
CNW120121T
CNW120121V
CNW120121W
CNW120121X
CNW120121Y
CNW120121Z
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CNW1201219

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CNW120122B
CNW120122C
CNW120122D
CNW120122F
CNW120122G
CNW120122H
CNW120122J
CNW120122K
CNW120122L
CNW120122M
CNW120122N
CNW120122P
CNW120122Q
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CNW120122Y
CNW120122Z
CNW120122O
CNW1201221
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CNW1201223
CNW1201224
CNW1201225
CNW1201226
CNW1201227
CNW1201228
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CNW120123C
CNW120123D
CNW120123F
CNW120123G
CNW120123H
CNW120123J
CNW120123K
CNW120123L
CNW120123M
CNW120123N
CNW120123P
CNW120123Q
CNW120123R
CNW120123S
CNW120123T
CNW120123V
CNW120123W
CNW120123X
CNW120123Y
CNW120123Z
CNW120123O

**Schedule 4.19
Insurance Coverage**

Sound Shore Medical Center of Westchester

| Carrier | Term | Policy Number | Type | Broker |
|---|---------------------|----------------------|---------------------------------------|---------------------------|
| Physicians' Reciprocal Insurers | 7/01/12 – 7/01/13 | 88181 | Malpractice Liability | AON |
| State Insurance Fund | 12/03/12 – 12/02/13 | 13095518 | Worker's Compensation | The Risk Management Group |
| Vigilant Insurance Company | 10/1/12 – 10/1/13 | 35767816 | Property | Hagedorn |
| Travelers Property & Casualty Ins. Co. | 07/01/12 – 07/01/13 | 73575651 | Business Automobile | Hagedorn |
| Starr Indemnity and Liability Company | 11/15/12 – 11/14/13 | SISIFNL 20021312 | Directors & Officers Liability | AON |
| Crum & Foster/North River Insurance Co. | 11/15/12 – 11/15/13 | 5560086024 | Excess Directors & Officers Liability | |
| Physicians' Reciprocal Insurers | 7/01/12 – 7/01/13 | 88150 & 88152 | General Liability | AON |
| Aspen Insurance Company | 07/01/12 – 07/01/13 | CXA8MFY12 | Commercial Umbrella | Hagedorn |
| First Mercury Insurance Company | 07/01/12 – 07/01/13 | EX0000013880-1 | 2nd Excess Liability | Hagedorn |
| Zurich American Insurance Company | 04/01/13 – 04/01/14 | FID0904000305 | Crime | Hagedorn |
| Navigators Insurance Company | 07/01/12 – 07/01/13 | NY12EXC712715IV | 3rd Excess Liability | Hagedorn |
| US Specialty Ins. Co. | 07/01/11 – 07/01/14 | U70885318 | Special Crime | Hagedorn |

The Mount Vernon Hospital

| Carrier | Term | Policy Number | Type | Broker |
|----------------------------------|---------------------|----------------------|-----------------------|---------------------------|
| State Insurance Fund | 12/03/12 – 12/02/13 | 13095518 | Worker's Compensation | The Risk Management Group |
| Great Northern Insurance Company | 01/01/13 – 01/01/14 | 35770333 | Property | Hagedorn |
| Federal Insurance Company | 01/01/13 – 01/01/14 | 73519442 | Business Automobile | Hagedorn |
| Liberty | 07/01/12 – | 202122-015 | Kidnap/Ransom | Hagedorn |

| | | | | |
|--|------------------------|-----------------|--------------------------------------|----------|
| | 07/01/13 | | Policy | |
| Chubb | 10/18/12 – 10/18/13 | 8158-8092 | Fiduciary | Hagedorn |
| Scottsdale Insurance Company | 01/01/13 – 01/01/14 | BCS0018792 | General Liability | Hagedorn |
| Zurich American Insurance Company | 04/01/13 – 04/01/14 | FID0904000305 | Crime | Hagedorn |
| Starr Indemnity and Liability Company | 11/15/12 – 11/15/13 | SISIFNL20037312 | Directors & Officers Liability | AON |
| US Specialty Ins. Co. | 07/01/11 – 07/01/14 | U70885318 | Special Crime | Hagedorn |
| Scottsdale Insurance Company | 01/01/13 – 01/01/14 | XLS0079092 | Commercial Umbrella | Hagedorn |

Schedule 5.1
Organization of Buyer

| <u>Entity</u> | <u>Organization Type</u> | <u>Jurisdiction</u> |
|--------------------------------|---------------------------------|----------------------------|
| Montefiore SS Operations, Inc. | not-for-profit corporation | New York |
| Montefiore MV Operations, Inc. | not-for-profit corporation | New York |
| Montefiore HA Operations, Inc. | not-for-profit corporation | New York |
| Montefiore SS Holdings, LLC | limited liability company | New York |
| Montefiore MV Holdings, LLC | limited liability company | New York |
| Montefiore HA Holdings, LLC | limited liability company | New York |

Schedule 5.4
Brokers' Fees of Buyer

None

Schedule 5.5
Litigation of Buyer

None

Schedule 5.9
HealthCare Regulatory

None

Schedule 5.11
Buyer Consents and Approvals
